One Hundred and Twenty-Fifth

annual report of the NOVA SCOTIA HOSPITAL

For the period April 1, 1982 to March 31, 1983

Nova Scotia

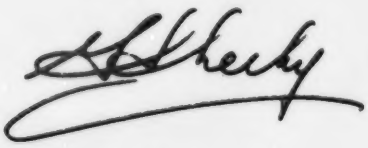
Honourable Gerald Sheehy
Minister of Health

The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of Nova Scotia

To His Honour:

I have the honour respectfully to submit herewith the one hundred and twenty-fifth Annual Report of the Nova Scotia Hospital.

I have the honour to be
Your obedient servant,



Gerald Sheehy
Minister of Health

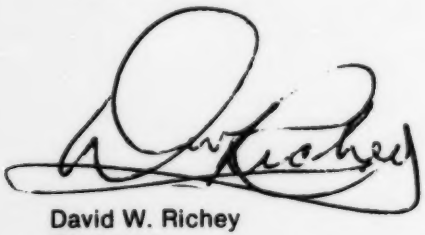
April 1983

To The Honourable Gerald Sheehy
Minister of Health
Province of Nova Scotia

Sir:

I have the honour to transmit herewith the one hundred and twenty-fifth Annual Report of the Nova Scotia Hospital.

Yours truly,



David W. Richey
Chairman
Board of Management

Dartmouth
March 31, 1983

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BOARD OF MANAGEMENT

Chairman	D. Richey
Vice-Chairman	G. D. Tanton
Members	D. Ardley
	M. Conrod (Mrs.)
	O. Henderson
	B. Hetherington, Jr.
	C. H. Kydd
	P. Murray (Mrs.)
	K. O'Hearn
	L. Peters
	G. Thomson
	D. West

ADMINISTRATIVE STAFF
Nova Scotia Hospital
(At March 31, 1983)

Administrator	Victor F. Simpson
Medical Director	Dr. Harry Poulos
Department of Psychiatry	
Chief of Service, Psychiatry (North Unit)	Dr. S. Akhtar
Chief of Service, Psychiatry (South Unit)	Dr. W. Wood
Director of Forensic Services	Dr. S. Akhtar
Director of Community Services	Dr. L. Buffett
Director of Adolescent Services	Dr. K. Ahmad
Director of Out-Patient Department	Dr. L. Holland
Director of Children's Services	Dr. I. DeCoutere
Director of Psycho-geriatric Services	Dr. N. Allison
Senior Psychiatrist	Dr. J. V. O'Brien
Senior Psychiatrist	Dr. J. Curtis
Senior Psychiatrist	Dr. M. Singh
Senior Psychiatrist	Dr. D. Stacey
Senior Psychiatrist	Dr. V. Gangolli
Staff Psychiatrist	Dr. E. P. B. Aquino
Staff Psychiatrist	Dr. A. Bhattacharyya
Staff Psychiatrist	Dr. M. Tomlinson
Staff Psychiatrist	Dr. S. Villacastin
Staff Psychiatrist	Dr. S. Yoon

Department of Medicine

Chief of Medicine	Dr. D. Weir
Staff Physician	Dr. S. Abraham
Staff Physician	Dr. L. Johnston
Staff Physician	Dr. P. Newman
Staff Physician	Dr. H. Ruparelia
Staff Physician	Dr. G. Worthylake

Heads of Departments and Sub-departments

Director of Nursing	Mrs. G. Webber
Assistant Director of Nursing	Mrs. H. Naugler
Assistant Director of Nursing	Mrs. V. Williams
Co-ordinator of Youth Services	Mr. A. James
Staffing Co-ordinator (Nursing)	Mr. L. Hardy
Director of Nursing Education	Mrs. T. Blaikie
Director of Staff Development	Mrs. J. Clancey
Director of Social Services	Mrs. W. Milne
Director of Psychological Services	Dr. P. Shackleton
Administrative Assistant	Mr. M. Townsend
Manager of Accounting	Mr. D. Woods
Maintenance Manager	Mr. D. MacIntyre
Director of Dietetics	Mrs. J. Jenkins
Director of Motivational Therapy	Mrs. M. Spindler
Supervisor of Volunteer Services	Ms. M. C. LeVatte
Chief Medical Record Librarian	Ms. D. Calder
Director of Central Laundry Services	Mr. C. Ebel
Co-ordinator of Educational Services	Mr. P. Giroux
Personnel Manager	Mrs. E. Hill
Chief Pharmacist	Mr. G. Moulton

CONSULTANT STAFF

Neurology and Encephalography	Dr. H. N. A. MacDonald
ENT	Dr. R. S. Murphy
Ophthalmology	Dr. M. Humayun
Ophthalmology	Dr. R. Hand
Medicine	Dr. C. Young
Radiology	Dr. I. M. MacLeod
Surgery	Dr. B. J. Steele
Dentistry	Dr. C. W. Curry
Dentistry	Dr. H. L. Sable
Dentistry	Dr. R. Conter
Obstetrics and Gynecology	Dr. D. Johnston
Pediatrics	Dr. U. Weste
Pathology	Dr. I. Maxwell
Anesthesiology	Dr. S. Sun

CONSULTANT STAFF IN PSYCHIATRIC TEACHING

Dr. J. F. Nicholson
Dr. R. O. Jones
Dr. S. Hirsch
Dr. P. Flynn
Dr. A. Munro

CHAPLAINCY SERVICE

Protestant	Rev. W. Earle
Protestant	Ms. L. Huestis
Roman Catholic	Sister Mary Delaney
Roman Catholic	Father G. Mackey

REPORT OF THE CHAIRMAN OF THE BOARD

On taking up my term of office on the Board of Management of the Nova Scotia Hospital and, shortly thereafter, assuming the position as Chairman of the Board, I did so with mixed feelings. These feelings included some trepidations about the responsibilities of the job involving such a large, complex, and specialized organization and my only very basic knowledge of psychiatric mental health services in general. These misgivings have since evaporated, thanks to the support and confidence of my fellow members of the Board of Management and to the invaluable assistance and guidance willingly given to me by the hospital administration and staff.

On the 125th Anniversary of its founding, this hospital can look back on a proud record of achievements, made possible by the enlightened attitude of the provincial government regarding the needs of psychiatric patients and by the efforts of the present staff and their predecessors. The old buildings have been progressively replaced, and, it is hoped, these improvements will culminate in the next two or so years in the replacement of the original and oldest building (the North Unit) by a 100-bed Extended Care Unit. In pace with these physical plant improvements, segregation of male and female patients, locked wards, and undue restrictions on the freedom of movement of patients are long past. Modern dining and recreational facilities have been provided, doing much to improve the general milieu for our patients and staff. Special units have been built to accommodate our child and adolescent patients. Treatment programs for in-patients have been enhanced by the practice of up-to-date techniques. Community services and a Day Hospital have also been developed in a further step toward the hospital's objective of providing fully comprehensive psychiatric services. The only gap in the services now provided is that of a lack of therapeutic group homes.

Be assured that the present Board of Management will strive its utmost to assist the hospital to maintain the high standards it has achieved, as indicated by the surveys of the Canadian Council on Hospital Accreditation during the past 13 years.

REPORT OF THE ADMINISTRATOR

During the period covered by this report some upgrading of facilities was completed, or, in some instances, planning was advanced preparatory to the commencement of installation or construction. A new concept of budgeting was also introduced, and, in the latter part of the year, planning for the celebration of the hospital's 125th Anniversary commenced. These projects included:

1. The relocation of the Staff Health Service to the Nurses' Residence, with a redesignation and expansion of its program to that of Occupational Health Service.

2. The installation of a sprinkler/fire-alarm system and smoke detectors in the Nurses' Residence.

3. The planning for a sprinkler/fire-alarm system and smoke detectors for the South Building. Work will commence in May/June of 1983 and will include provision of a loop from the Nurses' Residence to the city water main.

4. The renovation and decoration of one nursing unit in the North Building to serve as an overflow unit during installation of the sprinkler system, etc., in the South Building and/or to reduce overcrowding on other nursing units, as appropriate.

5. The formulation of a functional program for the proposed 100-bed Extended Care Unit. The initial stages of the project are anticipated to commence around the summer/fall of 1983.

6. The implementation of an integrated planning and budgeting process, at the request of the Management Board and the Civil Service Commission, as a pilot project for other hospitals.

The hospital's safety needs are gradually being brought up to standard. However, the lack of an adequate standby emergency electrical generator(s) leaves the hospital in a precarious situation during power outages. It is to be hoped that the Department of Government Services will rectify this serious safety shortcoming in the near future.

The hospital continues to operate at well above its rated bed capacity, specifically on the Adult General Services, necessitating as many as 25 additional beds being set up. This creates both a safety hazard for patients and staff and a milieu that is not conducive to good standards of patient care.

Despite heavy patient workloads and the practice of restraints, both government-initiated and by the voluntary efforts of the hospital staff, a comfortable budget surplus was attained by the year-end. A good report by the Auditor-General, as regards the conducting of the financial affairs of the hospital, was received. The main recommendations made therein have since been implemented.

Details of the operation of departments of the hospital are noted hereunder.

Administration and General Services

A streamlined system for payment of goods and services was instituted between the Accounting Department and the provincial Department of Finance. Although increasing paperwork somewhat, this enabled the hospital to claim discounts not previously possible on the old system, thus generating savings to government in excess of $30,000 per year. This system also facilitated the reconciliation of accounts with the Department of Finance. Accounting procedures were also changed to accommodate a cost centre reporting system, in line with the Department of Health's requirements for all hospitals. In addition, at the request of the provincial Management Board, the hospital implemented an integrated planning and budgeting process as a pilot project for all hospitals. This process consisted of three phases, namely, assessment, operational planning, and resource allocation. The 1983/84 budget request was based on this new format and met the deadlines established for its submission. Fortunately, the department took delivery of a new model MAI 710 computer in September, its larger capacity enabling all existing and new systems requirements to be processed expeditiously, despite staffing problems arising during the year.

The staff of the Personnel and Payroll Department have also been affected by the implementation of the integrated planning and budgeting system. This has entailed a more detailed

analysis of payroll expenditures and staff movements; but, it is hoped, this can eventually be assisted, in part, by the use of the computer. An innovative occupational health section was established this year as part of the personnel services provided to staff. The department has also been actively involved with co-operative education programs and workshops with the Civil Service Commission and Mount Saint Vincent University (DUET), as well as arranging work placement experience as required. Most senior-level positions are now filled by means of selection board interviews, utilizing the services of the Personnel Manager and a Civil Service Commission Officer.

The Maintenance Department, despite a staff reduction, has continued to maintain the hospital plant and equipment in good order. An extensive, planned painting program has been carried out during the year; and minor renovations have been completed as well as repairs to furniture and the manufacture of new items such as cabinets, shelves, and cupboards. The boiler plant was cleaned and inspected; it produced 158 million pounds of steam for an oil consumption of approximately one million gallons of bunker C. Some smoke emission problems were encountered but now appear to have been rectified. The hospital grounds have been well maintained, but the overall appearance could be further enhanced by extensive road repairs.

Almost four million pounds of laundry were processed by the Central Laundry/Linen Service for 13 hospitals and agencies, the Oakwood Terrace Nursing Home having joined the system in June. The numbers of staff employed were adjusted systematically, as workloads fluctuated, to maintain an economically viable operation at all times. A general manager was appointed at the latter part of the fiscal year, his initial prime responsibility being to conduct a study of the service with the view to reorganization, more automation, and possible expansion.

The staff of the Housekeeping Department are to be commended for their maintenance of high standards of cleanliness and sanitation with a minimal staff complement, while also carrying out a number of additional duties that would not normally be expected of this department.

Fire and safety functions continued to be ably conducted throughout the year by the Acting Fire Safety Officer, in the absence, on sick leave, of the incumbent of this position. Some concerns were encountered on the malfunctioning of the alarm systems, but these systems are presently being replaced. Evacuation exercises and periodic fire drills in all areas of the hospital have been held with satisfactory results.

The Stores Section has successfully ensured the usage of almost all dead stock; only a few such items now remain on the shelves and these are gradually being diminished. Stock checks indicate that good stock-keeping procedures are followed and the stores inventory is well secured.

Office Services, under the supervision of the Chief Clerk, includes the activities of switchboard/receptionists, postal services, secretarial and steno pool, the printing office, and the Health Sciences/Patient Library. During the year postal rates increased twice, following which there was a noticeable drop in both mail going out and mail coming in via Canada Post. However, there has been a great increase in the volume of interdepartmental mail, delivered to the provincial Central Mail Room at no additional cost by our routine transport runs to Halifax, thereby holding the line on our postal service expenses. Problems with the switchboard still continue, but, despite this, a reasonably reliable service is still provided. In order to promote awareness of the various services offered, the Health Sciences Library is undergoing reorganization. Many outdated volumes were culled, and those retained were recatalogued to conform with the National Library of Medical Classification. The volume of photocopying and printing has increased because of forms required for the implementation of new systems and procedures.

Dietary

A major achievement this year was the decision of the Board of Management not to tender the food service to an outside catering firm. A thorough internal audit conducted by a special committee of the Finance Committee of the Board of Management concluded their study with a positive report on the management techniques presently exercised. To ensure quality food service is maintained at all times, professional staff have been assigned to duty until the Cafeteria food service is closed, daily. Early morn-

ing supervision by professional staff was found to be an inefficient and ineffective use of managerial time and was not instituted. Dietitians continue to work weekends.

Major merchandizing techniques are utilized to attract more customers to the Cafeteria Service by offering "daily specials," either by presenting new or experimental foods or by featuring a reduction in cost of an entree scheduled on the menu. Monthly specials are still a major attraction. The interest and increased numbers of staff being served are indications of the success of the program.

A survey conducted close to year-end shows overall satisfaction, with a consistent demand for popular foods (pizzas, submarine sandwiches, Italian dishes) to be served with more frequency.

A major effort by the cafeteria staff to advertise the service is noticeable and commendable.

The Patient Service revealed slight increases in the meals served, with 42 per cent of the patients enjoying their meals in the central cafeteria, 43 per cent receiving trays on their units, and 15 per cent receiving special service on Children's, Adolescent, and N-12 units.

Area managers gained increased awareness in cost and controls associated with their scope of responsibilities when they developed a program submission for the integrated budget and planning process developed in the hospital this year.

Activities other than the basic production and service of food and diet to patients and staff, which keep the department busy, included food service to Camp Victoria and the Nutrition Days Campaign, co-ordinated with the national thrust of economical nutrition. Educational affiliations were provided for food-service students from Victoria General Hospital, Mount Saint Vincent University senior class and Co-operative Education Program, Nova Scotia Institute of Technology, Dartmouth Regional Vocational School, and Dartmouth city schools. The department continues its support of the Work Placement Program which is managed by the Motivational Therapy Department.

The Director of Dietetics completed her term of office as president of the Canadian Dietetic Association and gratefully acknowledges the support which was forthcoming from the Board of Management, the administration, and the Dietary Department during a very busy but worthwhile year.

Dietary Statistics: April 1, 1982–March 31, 1983

	1982-83	1981-82
Patient meal days (N.S.H.)	130,923	126,835
Patient meal days (Metropolitan Drug Dependency Centre)	8,247	10,836
Patient meal days (Day Care)	1,162	1,525
Sub total	140,332	139,196
Cafeteria meal days	15,873	17,139
Complimentary staff meal days	5,025	3,865
Student meal days	3,285	2,939
Total staff & patient meal days	164,515	163,139
Special diets*	24,685	21,319
Daily average	68	58
Patients on special diets	18%	15%

*New formulation for calculating numbers of special diets will be adopted April 1, 1983. Figures will show a dramatic change in 1983–84 report.

Motivational Therapy

The activities of this department in providing services of occupational therapy and recreation for patients of the hospital have continued as in recent years. The amount of service given depended directly on the number of specialized staff available. Various difficulties experienced in recruiting for and maintaining a full complement of appropriately qualified personnel have resulted in the following:

1. a direct 12 per cent reduction in service potential;

2. an intensive pressure, related to both work volume and assignment adjustments, on departmental staff;

3. an extensive amount of time allotted to recruitment, orientation, and staff training procedures.

During the year, resignations were received from three occupational therapy assistants and two occupational therapists. The retirement of the recreation supervisor also occurred.

Appointments were made of a recreation supervisor, three occupational therapists, and three occupational therapy assistants. Two casual appointments were utilized: one for four months in the recreation service to assist during the summer season and one in occupational therapy for eight months.

Six hundred and thirty-three patient referrals for occupational therapy were accepted. The quantity of service provided for these patients as measured by the Canadian Schedule of Unit Values for Occupational Therapy was:

	Time units	Weighted units	Attendances
In-patients	340,132	664,002	11,315
Out-patients	73,367	110,244	2,178

Direct financial recoveries of $2,701,103 were made. Some recoveries from sales of service to Metro Drug Dependency Centre and from swimming pool rentals were also made.

Three occupational therapy students received their required internship, and one student received an extended campus clinical placement in the department.

Staff were actively involved in the School of Occupational Therapy at Dalhousie University through involvement in the admissions committee, presentation of lectures, and provision of clinical observation experiences. Extensive preparation was done for upcoming clinical placements for students from the school.

A formal application for accreditation as a student-training setting for the Canadian Association of Occupational Therapists was submitted.

A wide variety of individual and group recreation programs for patients was provided. Selected hospital recreation facilities were made available, when not required for patient programs, to members of staff and various community organizations.

Camp Victoria was in operation, providing an extension to patients' treatment program from June 28 to September 3. The program co-ordinator responsibilities for the camp were undertaken, on the basis of one-half session each, by two recreation staff members.

The department was actively involved in the undertakings of various hospital committees.

Presentations on the department's role and related topics were given to hospital staff, students, and others in a variety of fields and community groups.

Continuing education for departmental employees was encouraged through a departmental Journal Club, involvement in in-house educational programs, and attendance at various workshops, seminars, and conferences.

Nursing Service

The Nursing Service Department experienced another busy and challenging year. The hiring freeze applied to hospitals was a blessing in disguise for us. All registered nurse positions were finally filled; and there is a waiting list of applicants. Job-sharing between two or more registered nurses is occurring. This has proved to be a positive venture, complementing the full-time registered nurse staff.

Nursing Service was decentralized, giving more authority for administrative decision making, accountability, and responsibility to the head nurses. Each head nurse planned and submitted a budget for his or her unit. Nursing activities and programs were assessed for cost effectiveness. Some nursing activities were deleted, others were streamlined. The head nurses have established controls for resources, resulting in better utilization of staff and equipment.

Nursing staff have been called upon to share expertise in psychiatric nursing, administration and management skills, and behavior-modification techniques, with staff from other health-care and social service agencies. They act in an advisory capacity to the professional associations and the community at large.

Patient care has continued to be monitored and evaluated by the established Mini Survey Program. This program has been presented at the Second National Nurse Administrator Educational Conference in Toronto and is published in a book entitled, *Energizing the Work Place.*

The administration of nursing care has accelerated on the Adult General Service Units due to an increase in patient census. Adult General Service Units are functioning at 100–115 per cent occupancy rate overall. This has resulted in prioritizing nursing care, providing high-quality basic care. However, it was necessary to reduce the time allotted for individual patients, counselling sessions, and groups.

A basic psychiatric-nursing lecture series was established by the clinical supervisors for all nursing staff. These lecture sessions were presented once a week over a 12-week period. Sessions were well attended; some staff attended lectures in their off-duty time. These sessions will be offered at least three more times.

Nursing Service staff continue to be supportive of administration; however, they are experiencing more pressure because of increased demands. They are to be commended for their administration of high-quality, but limited, patient care.

Twelve nursing staff were sponsored under the Personnel Education Program. Three registered nurses received the Postgraduate Course in Psychiatric Nursing, and three Certified Nursing Assistants received the C.N.A. Postgraduate Course in Psychiatric Nursing. Two male nursing staff successfully completed the Registered Nurses Program. One Registered Nurse successfully completed the Baccalaureate Program. Three Head Nurses successfully completed the Nursing Unit Administration Course, and three more Head Nurses are presently enrolled in the same program.

To ensure that patients receive adequate care on a 24-hour basis, there has been continued monitoring of the operation of a group of assigned units, by reviewing patient-care plans, auditing nursing standards, and supporting research activities in the field of nursing within the hospital.

Over the past year, the Mini Survey Audit Team completed and filed reports for 35 surveys. This figure indicates that the committee is maintaining its level of productivity.

On reviewing the summaries, it was obvious that nursing staff continued to strive for high standards of care for our patients. However, appropriate documentation often fell short, while the multidisciplinary problem-oriented recording system (P.O.R.) is being introduced.

This being a major concern, the mechanism has been set into motion by the Director of Nursing to ensure that all staff concerned with charting be taught, without interruption, the proper procedure for P.O.R. charting through special sessions presented by our clinical supervisors and other members of the P.O.R. Committee.

In an effort to increase our ability to measure more effectively specific aspects of care given to patients, a draft of the newly designed "Standards of Patient Care" has been circulated to different sources for recommendations before it is adapted for use as a patient-care audit tool.

The Nursing Advisory Committee continues the arduous task of revising and updating the "Nursing Procedure Manual" and is making great strides toward its goal.

The past year was a very involved year for the Director and her staff and has been very productive.

The year has seen the evolution of the Integrated Planning and Budgeting Program on the units. A great deal of time was spent in the inaugural meetings and liaison phase between the head nurses and the advisory group. The preparation of unit budgets was an added and welcome experience.

The regular monthly meetings with the head nurses continued throughout the year. These meetings were of two hours duration with a communication-liaison format between the head nurses, Assistant Directors, and Director of Nursing, as their function.

Consultation services to units were provided regularly to address difficult patients or difficult issues. Weekly management meetings with the Director of Nursing, Assistant Directors of Nursing, Staffing Co-ordinator, and Co-ordinator of Youth Services utilized some two to three hours. These meetings form the operational core of the nursing department, addressing everything from policy formulation and implementation to unit operation.

More emphasis has been placed on the method of monitoring absenteeism. The present method includes more involvement from the head nurse level.

A staffing policy booklet was completed and sent out to the appropriate areas. The committee to formulate staffing policies is still in existence to accommodate the need for revision and/or formulation of policies as required.

Head nurses are required to meet with the Staffing Co-ordinator on a monthly basis to review their staff's attendance.

The Head Nurses' Council continues to meet on the second Tuesday of every month from September to June, with a half-day session scheduled for the summer months to ensure continuity.

In 1982/83 the Head Nurses' Council has been active. It has maintained representation on every committee in the hospital related to nursing. This serves to ensure nursing input into audits, policy and procedure formulation and revision, staff orientation, and education, while consistently reviewing and revising nursing functions and ensuring effective working relationships between nursing and other hospital departments.

During the past year four head nurses presented as group facilitators for the Human Sexuality Workshop at Dalhousie University. Three have continued university courses related to nursing and their roles as unit managers. Three more head

nurses have initiated and/or maintained involvement in the boards of directors of several community-based organizations. All of these endeavors are viewed in a positive light and certainly aid in the competency of head nurses to carry out their roles in participatory management.

As a result of in-depth involvement in the integrated budget planning process for their units, the council has related to the need to devise better ways of keeping statistical data and of utilizing current audit information to develop ways to upgrade the quality of nursing care given in this facility.

In general, it can be said that this past fiscal year has been a busy one for the council. The members have become more aware of effective management skills and of the importance of becoming more representative as nurses in their communities. They are now looking at ways they can, as unit managers, assist units to live within the stated budgets.

Nursing Education

Clinical experience was given to 246 affiliate student nurses under the guidance of our instructors for periods ranging from three to four weeks. A five-week course in psychiatric nursing was conducted for 7 graduate nurses. One hundred and ninety students from the Victoria General Hospital and the universities, accompanied by their own instructors, attended the hospital for clinical experience for periods ranging from eight days to four weeks, as did 70 nursing assistant students from the Dartmouth Regional Vocational School.

A postgraduate course of 26 weeks duration in Psychiatric Nursing for Registered Nurses was held; eight nurses graduated. A 12-week postgraduate course in Psychiatric Nursing was also held for Certified Nursing Assistants, six students graduated.

The bed accommodation available in the Nurses' Residence was 182 at the year-end, the highest monthly average occupancy being 112. The building, which has been a source of concern for many years from a fire safety aspect, has now been equipped with a sprinkler system, smoke detectors, and a new fire-alarm system.

Pastoral Care

Changes in Pastoral Care staff have taken place during the year. As of September 1, a full-time Co-ordinator of Pastoral Care and two part-time Pastoral Care Workers were appointed to the Pastoral Care Department. The Roman Catholic Diocese provides service for sacramental ministry, and the Anglican Diocese provides worship services on alternate Sundays each month.

The primary function of this department is to provide a spiritual ministry to patients and to play an appropriate part in the treatment team and the life of the hospital. This is accomplished by pastoral visitation to patients and counselling in response to specific needs. Both major denominations conduct regular services each week. Denominational services are conducted periodically on the Psycho-geriatric Unit.

Professional involvement by members of the department includes membership in the Dartmouth Ministerial Association, Dartmouth Roman Catholic Deanery, Halifax-Dartmouth Council of Churches, and the Commission on Ecumenism.

Apart from the direct pastoral service to the hospital, which is the first responsibility of the department, the training program for clergy and lay people is the second most important enterprise. The hospital is a centre accredited by the Canadian Association for Pastoral Education. Courses are co-ordinated through the office of the Institute of Pastoral Training. Participating memberships include Atlantic School of Theology, Acadia Divinity College, and the Dalhousie Faculty of Medicine. During the year covered in this report, 10 students have completed the course of certifiable Clinical Pastoral Education in this hospital.

Patient Education

During the past year, our teachers have provided instruction for approximately 175 students. All grades were represented, although grades 2, 3, 7, and 8 had the highest registration.

Overall, little change has taken place as far as the basic program is concerned. We continue to use an individualized instructional program which allows for a personalized school program

for each student. The elementary program is doing extremely well, owing largely to a reduced student-teacher ratio. With the drop in census in MacKay Unit over recent years, and with more involvement from the Volunteer Services Department, we have reached the point where most of the teacher's time is spent working on the academic and social weaknesses of our students, instead of dealing with behavioral matters.

Pharmacy and Drug Distribution Service

Workload of the Pharmacy increased to a total of 45,879 items supplied to all units of the hospital, Day Hospital, and the Out-Patient Department. Of the above total, 3,453 prescriptions were dispensed on 1,843 patient visits; 8,193 pass medications were dispensed to patients; and 161 orders were filled on behalf of the Occupational Health Department. The balance of the above total (34,072) was made up of ward stock items, also new and repeat patient prescriptions.

Programs of the department begun in recent years have been continued during this fiscal year. These consist of services provided by the staff of the pharmacy over and above the dispensing operations. Included in these services are continuing eduation programs requested by Staff Development, orientation programs for new nursing staff and for interns, med group sessions for Day Hospital patients, participation in clinical conferences and grand rounds, and representation on various committees.

The Pharmacy and Therapeutics Committee continued to maintain its high level of performance throughout the year. Various protocols were developed, including Disulfiram therapy, IV Amobarbital therapy, IV Diazepam therapy, Dexamethasone Suppression Test therapy, and long-acting neuroleptic therapy. Vitamin use in the hospital and procedures for investigational drugs were reviewed. The automatic stop-order policy was updated, and a new medication error form was introduced. Other projects have begun or are planned for the coming year.

In association with Dalhousie University and other hospitals in the area, the Pharmacy Department continued its involvement in the teaching and training of hospital pharmacy residents. Two residents were assigned to this hospital for a two-week period.

Other services of the department were supplied as requested. These included educational programs for physicians, head nurses, graduate nurses, C.N.A.'s, and orderlies. Resource material was supplied to other institutions as required. Medication histories were prepared and studied, and many requests for drug information were received and supplied. The publication *Pharmanotes* was prepared, printed, and distributed as time permitted.

Sales of the Drug Distribution Service for the fiscal year 1982/83 amounted to approximately $7.5 million based on 6,982 orders received from the various agencies which it supplies. No major accounts were added during the year; and no large increase in this area is foreseen for the immediate future. Sales for this coming fiscal year can be estimated at $8.5 million.

New equipment received during the year consisted of one pallet jack. A survey of the security aspect of this department was carried out by an RCMP officer during the year. His report and recommendations, if any, are expected shortly.

Psychology

The improvement in staffing level and in staff turnover, compared to the immediately preceding years, has enabled an increased level of clinical services to be provided by the department. Increases occurred primarily in the area of direct services, particularly individual and group psychotherapy. This is consistent with the increased rate of formal referrals (inclusive of services to the Forensic Unit), a 16 per cent increase over the previous year. However, a considerably larger number of patients are provided with direct services than is indicated by the rate of formal referrals. The continued increase in direct psychological services with increased staff is consistent with the abundant evidence for continued greater need for services than can be provided. This raises the question of a need to divert more time and energy to indirect services, and services such as group therapy, to enable larger numbers of patients to be reached, given the limited resources of the department. A new development over the past year has been the provision, on a small scale, of psychological services to staff of the hospital through the newly formed Department of Occupational Health.

Reviewing direct services in more detail, the largest area of increase was in individual psychotherapy, with a 46 per cent increase in the number of sessions provided. There was a lesser, but still substantial (30 per cent), increase in the number of individual clients seen, indicating more intensive involvement with clients. There was a continued substantial (35 per cent) increase in the number of group psychotherapy sessions provided, reflecting, in particular, the intensive (daily) ongoing process group offered to in-patients and the special purpose groups, such as assertiveness and relaxation training, offered on an in-patient, Day Hospital, and out-patient basis. Family/couples therapy sessions remained at a limited level with little change from the previous year. Time-intensive psychological assessments involving the use of psychological tests increased for the second consecutive year; however, group testing showed a marked decline, continuing a trend of recent years and reflecting, in large part, a resumption of a more individualized assessment approach to the Forensic Unit in light of the particular needs of that unit.

The marked increases of recent years in the number of sessions of consultation, supervision, and training provided to staff implementing clinical programs and services were halted with, in fact, a slight decline resulting from the greater focus placed on direct services over the past year. However, an increased number of patients were served by these clinical programming activities, reflecting increased involvement with certain units. The major focus had continued to be the special service units with a generally limited level of involvement on the General Adult Units. However, steps have been taken toward development of a treatment co-ordinator model of service delivery on one general unit and toward a consultative, milieu approach on another adult unit.

The Dartmouth Mental Health Centre has seen a gradual but steady increase in psychological involvement following a period of reduced input and visibility due to staff changes. Day Hospital has seen continued major psychological involvement, especially through the treatment co-ordinator model, crisis intervention, and involvement in group therapy, including process and stress management groups. Primary input into the Forensic Unit has continued to be psychological assessment, but on a primarily individual rather than group basis, reflecting staff changes and continued efforts to develop viable and effective psychological services to this unit. Unit N-3 (Extended Long-Stay Psychiatric)

has seen a continuation of behavioral programming input with associated staff supervision and training, and continued elaboration of the token economy program. Princess Alexandra Unit (Adolescent Service) saw a marked reduction in programming involvement because of problems associated with the service, but substantial direct services to patients were maintained. There was an increase in consultation to the well-established behavior program on Unit N-12 (Mental Retardation) and ongoing participation with the team in providing assessments and consultations to a number of institutions and other settings outside the hospital. The behavioral programs on the MacKay Unit (Children's Services), which are also well established, have continued to undergo development with revision of the token economy programs on two of the wings, provision of social skills training on a group basis, increased co-ordination with community agencies such as the Atlantic Child Guidance Centre, and increased numbers of parent workshops and availability to parents.

Involvement in consultation and programming services to agencies outside the hospital has continued to be limited; however, active consultation has continued with local schools as part of the Children's Services, and, as indicated above, there have been a number of community contacts through the Mental Retardation Unit. The latter part of the year saw a resumption of active involvement with the Cobequid Multi-Service Centre, including representation on the co-ordinating committee.

In terms of educative and training activities, there has been involvement in the provision of workshops on stress management and lectures in behavior modification to teachers in local schools; participation by a staff member as group leader in the annual Dalhousie Human Sexuality Workshop; and continued participation in the training program for Developmental Counsellors at Nova Scotia Institute of Technology. Within the hospital, participation has been continued in the hospital's Staff Orientation Program. Other educational activities have included psychology student visits from Dalhousie, Acadia, and Mount Allison Universities, consultation to a number of university students in regard to course projects, and a presentation to registered nursing postgraduate students.

A major review of the department and its services was carried out over the year through the involvement of a consultant. The findings are summarized in two major reports concerned, respectively, with the hospital's needs for psychological services and with psychology staff needs in relation to professional satisfaction and functioning. The review has led to major changes in the internal organization of the department, the first such changes in several years.

Social Work

The departmental workload was significantly affected by a series of extended sick leaves in the face of increasing demands for service extension. These pressures tended to retard the rational planning process in the department, and it was necessary to make some accommodations to maintain the status quo.

The three main areas of adjustment have been in the redeployment of staff to areas of increased service demands, increased emphasis upon group therapy for minimizing staff resources, and the adoption of a referral system for accepting cases in certain select areas of the hospital. The latter was intended to establish a two-tier system of priorities to improve service delivery and make more selective use of staff resources.

Although partly dictated by expediency, these directional changes also reflect national trends in hospital social work that seek to make more discretionary use of professional personnel with advanced training and specialized skills.

There were two concurrent resignations on the Adolescent Services which afforded an opportunity for a review and reorganization. Because of increased demands in other areas, there was a redeployment of a social worker on a half-time equivalent basis from Adolescent to Adult General Services, and a system of referrals was established on the Adolescent Unit for the first time.

The major social work focus on the Adolescent Service was directed toward the provision of structural family therapy. A system of flex time was adopted to allow for extension of hours of service to accommodate working parents and patients in full-time attendance at school.

In order to augment staff resources, the department entered into specific arrangements for the provision of conjoint counselling with appropriate community agencies for families requiring these services. Thus far, this has proven to be an effective and economical method for providing services and has served to enhance professional relationships between the department and community.

Organization of social work delivery to the Children's Services remained unchanged. There was an overall increase in the volume of direct clinical sessions given, with an added emphasis upon family-therapy techniques.

A system of flex time was adopted to accommodate the families served, and a weekly support group for parents has been organized on Sunday evenings to coincide with patients returning from passes. Active liaison has been maintained with community agencies jointly involved in the service delivery to these families, and a significant volume of the social worker's time is allocated to the provision of consultant and public-education services to such participating agencies.

The Children's Unit social worker also provided a block of teaching sessions to the Maritime School of Social Work and participated on the National Accreditation Committee in the evaluation of the Bachelor of Social Work (B.S.W.) program at the school, as well as in the Canadian Association of Schools of Social Work.

On the Adult General Service Units efforts were directed toward maintaining a basic standard of service appropriate to the needs of the respective patients in these areas. A referral system was adopted on two units, and preliminary results of these trials suggest future directions for departmental organization.

In the Dartmouth Mental Health Centre, there was an allocation of 1.5 social workers engaged in the provision of direct clinical services, group services, home visiting, and attendance at satellite clinics on a regular basis. Social workers also participated in the delivery of public education programs to the local schools aimed at fostering good mental health practices among the youth of the community.

There was an allocation of 0.5 social-work time to the Day Hospital where the social worker held responsibility for the provision of services to all patients, in particular to those assigned through the prime-therapist model. Group therapy was the major focus of treatment here.

The Psycho-geriatric Service commanded the attention of one full-time staff member. The major focus of treatment is on psycho-social assessment and the development of highly specific care plans for the placement of patients into appropriate levels of care in their home communities. This area continues to be work-intensive and highly technical in the nature of the services required. Social work staff was also instrumental in developing a handbook for Psycho-geriatric Services and in the provision of teaching services to nursing staff on request.

One hundred and sixteen court referrals were handled on the Forensic Services over the past year. Services included securing social histories, conducting collateral interviews, securing police reports and participating in the generation of reports to the Attorney General through the interdisciplinary team approach.

The department offered a four-month field placement for a B.S.W. student from the University of Moncton for the first time. Accommodation was also made for one staff member to pursue a three-month field placement in the Dartmouth Mental Health Centre as a requirement for completion of the B.S.W. degree from the Maritime School of Social Work.

Throughout the year social workers represented departmental interests on a variety of community boards and organizations, such as the Metropolitan Mental Health Planning Board, Mental Health-Nova Scotia, Red Cross Homemakers Services, and Canadian Association for the Mentally Retarded.

On a public relations level, staff conducted orientation tours for students from the Maritime School of Social Work, Department of Sociology, Saint Mary's University, a group of Judges and Probation Officers from the Family Court, and the protection workers of the Halifax Children's Aid Society.

For quality control and as an aid to staff development and maintenance of practice standards, the department instituted a peer review system and began exploring the development of a system for standardization of statistical data according to developing national guidelines.

In summary, despite some notable stress to the system during peak periods, the department did manage to maintain its overall average level of service over the past year.

Staff Development

Requests for in-house programs remained constant for professional staff in addition to workshops, cardiopulmonary resuscitation training (CPR), skill-training programs, and seminars.

The department accepted requests for educational services and provided human resources and audio-visual materials to several agencies and hospitals over the past year.

The clinical rotation for students from outside agencies continues to be a success. There were 13 students placed within the hospital during the past year.

An information service to school students seeking references and resources within the scope of mental health/mental illness was also provided.

The revised Orientation Program proves to be beneficial for all staff. More departments are taking advantage of the instruction for their new employees.

The audio-visual studio continues to be an asset and is widely used by students and staff.

Members of the Advisory Committee to the Staff Development Department continue to liaise and use their expertise in planning and implementing educational programs for all hospital employees.

The staff in the department have maintained their involvement with multidisciplinary committees, as well as having par-

ticipated in the decision-making process for better patient care. A great deal of effort and time has been directed at implementing a teaching model for the Problem-Oriented Record System and assisting with the plans for the 125th Anniversary celebrations.

With regard to direct clinical services, the department has been involved with the revision of procedures, policies, and protocols.

We have met the objective to work with all departments in the hospital to provide various educational experiences for the personal and professional development of all hospital staff.

Volunteers

In the past year, 103 individual volunteers have contributed 4,405 hours of duty, with an average of 41 volunteers active each month.

The department continued to offer a variety of volunteer programs including the coffee party for out-patients, occupational therapy assistance, evening canteen service, unit visiting, and the one-to-one companion program.

The Apparel Shoppe was open throughout the year to serve patients on Monday and Wednesday afternoons. A total of 1,449 patients were served by the volunteers in the shop this year. The clothing service at the MacKay Children's Unit was also maintained.

Numerous community groups continued their interest and involvement through the year, providing social evenings and games nights on various units and donating clothes, gifts, and special items as requested. Individual volunteers maintained an active role in delivering service in the Apparel Shoppe and Canteen Service and in patient visiting. The Christmas season was celebrated with carolling, parties, and the giving of gifts, thanks to the interest of individuals and community groups.

The annual recognition dinner for volunteers was held in April. Certificates of appreciation were presented to volunteers by the Chairman of the Board of Management.

Two one-day workshops were held for volunteers. The workshops were open to the public as well as registered volunteers and were jointly sponsored by the volunteer departments of the Nova Scotia Hospital, Abbie Lane Hospital, Mental Health-Halifax, and Mental Health-Dartmouth.

Student volunteers (20-30) from Dalhousie, Mount Saint Vincent, and Saint Mary's Universities were active during the school year, mainly on Youth Services.

Patient dances with a band and sweets were sponsored monthly by this department during the winter.

Full orientation for new volunteers was held monthly during the year.

A variety of goods were donated to the hospital and distributed to the units through the Volunteer Department.

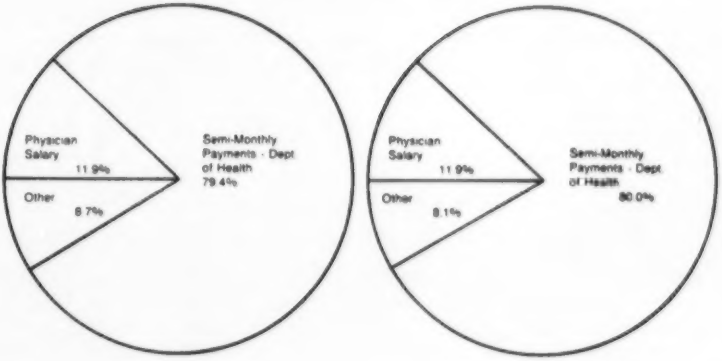
TABLE 2: SELECTED STATISTICS

The following summarizes the year's activities, with comparisons to previous years at four-yearly intervals from 1966-1982/83:

	1982/83	1978	1974	1970	1966
Number of patients in hospital at year end	396	401	511	453	500
Total admissions in year	2,158	2,548	3,986	2,984	2,299
Total number of informal (voluntary) patients admitted	853	1,263	2,198	1,519	842
Total number of Formal (certified) Warrants, etc., patients admitted	1,305	1,285	1,788	1,465	1,457
Average patient census	368	410	520	487	511
Average no. of beds set up	417	441	560	560	595
Total patient days	134,506	149,753	189,331	177,065	186,151
Average length of stay (days)	50	56	47.7	57.3	81
Out-patient (community service) visits	10,065	4,790	3,868	1,632	3,600
Radiology examinations	3,081	3,690	4,791	5,431	5,143
Electroencephalographs	1,224	1,502	2,422	1,821	817
Electrocardiograms	878	733	2,026	730	259
Pathology tests performed in hospital	15,647	24,786	28,677	26,119	16,230
Pathology tests referred out	18,499	16,489	21,335	13,329	8,142
Items dispensed by the pharmacy	45,879	53,643	56,472	52,336	Not available
Drug orders filled for other agencies	6,982	3,434	1,892	256	Not available
Meals served (staff and patients)	518,230	606,309	833,883	691,720	760,823
Laundry processed (pounds)	3,860,429	3,250,870	1,776,328	894,322	900,642

Hospital Recoveries
For the Years Ending March 31, 1982 and 1983

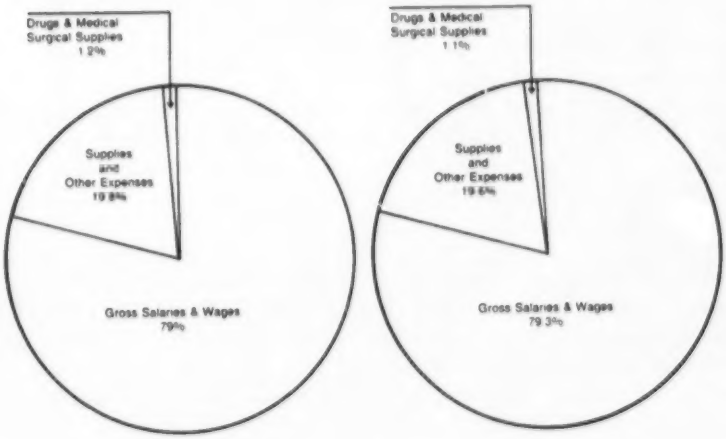
Percentage Distribution of Revenue
By Type of Recovery



	1982	1983
Other		
Uninsured Patient Days	0.9%	0.3%
Meal Recoveries	1.1%	1.1%
Room Recoveries	0.5%	0.5%
Steam	1.7%	1.4%
Services to Central Laundry	1.2%	1.1%
Metro Drug Dependency	1.8%	1.5%
Net Ancillary Operations	1.1%	2.0%
Other	0.4%	0.2%
	8.7%	8.1%

Hospital Expenditures
For the Years Ending March 31, 1982 and 1983

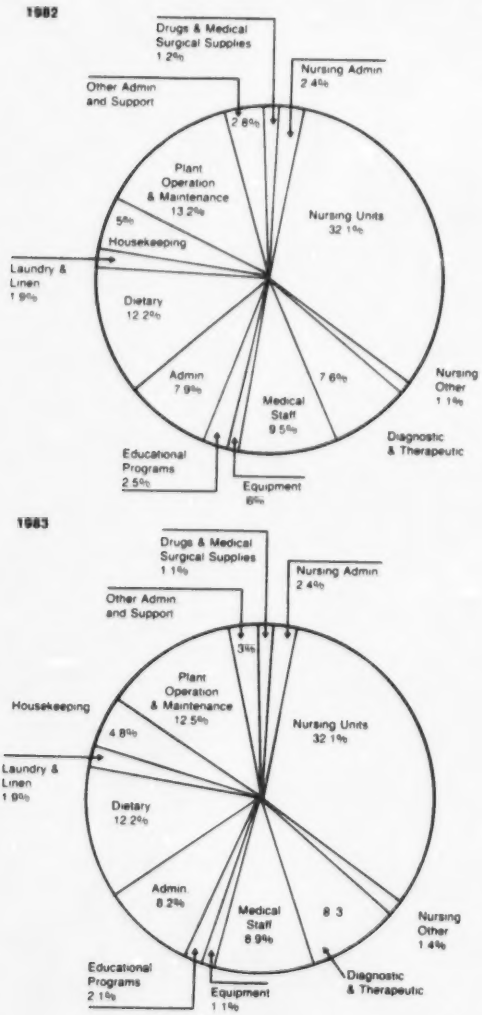
Percentage Distribution of Costs
By Type of Expenses



1982 1983

Hospital Expenditures
For the Years Ending March 31, 1982 and 1983

Percentage Distribution of Costs
By Service



REPORT OF THE MEDICAL DIRECTOR

A number of developments in clinical programs and services have occurred during this period and these will be highlighted before dealing with the main body of this report.

1. In a year of financial constraints, no new treatment programs were initiated. However, a number of treatment programs were reviewed and improved.

2. The number of in-patient admissions was 2,158, slightly lower than the previous year. Despite this, overcrowding continues and, in fact, has increased, especially on the Adult General Psychiatric Units where it has risen from 103.5 per cent to 107.6 per cent over census. This is due to two facts: (a) the Abbie Lane Memorial Hospital remains closed for renovations, and patients who would go there come to this hospital; and (b) the shortage of social service beds and exclusionary criteria interfere with or delay the placement of patients once treatment is completed. This period of overcrowding, which has lasted for two years, is having an adverse effect on our staff as well as interfering with the therapeutic atmosphere in the hospital.

3. To place another unit in use to relieve overcrowding cannot be implemented because of the installation of a sprinkler system in the South Unit building.

4. The average length of stay on the Adult General Units is decreasing and is now 44.2 days.

5. The Day Hospital continues to function at full capacity. However, it is noted that the number of patients treated during the year dropped by one-third, mainly because an increasing number of patients required longer stay than the usual six weeks.

6. In the Dartmouth Mental Health Centre the number of new registrations showed a modest increase, although the number of patient contacts rose by 18 per cent for the year.

7. This hospital has negotiated actively with the Department of the Attorney General to implement the assessment of Re-

mand cases on an out-patient basis. This matter has not yet been resolved, but once in place it will provide a more efficient use of our Forensic Services.

8. The functional program for the 100-bed Extended Care Unit was approved by the Departments of Health and Government Services and now awaits further funding before construction begins.

9. During the past year, Dr. T. Abraham resigned from the Day Hospital, and we are actively recruiting a replacement. Dr. Mark Johnston resigned from the Department of General Practice and Dr. Grant Worthylake replaced him.

10. The problem of the non-compliant alcoholic remains unresolved. Despite a number of meetings with the Commission on Drug Dependency and the Metropolitan Mental Health Planning Board, persons suffering from alcoholism continue to be sent to the hospital under certificates. During the past year, 247 persons were admitted with the diagnosis of primary alcoholism.

11. Dr. Allison, our Psycho-geriatrician, has instituted a program of providing consultation services to homes for the aged and nursing homes of this area. He was also appointed to the teaching faculty of Dalhousie University Medical School. Nine of our psychiatrists now have such appointments.

12. The problem-oriented system of patient charting is now used on two-thirds of our units, and we plan to extend it throughout the hospital during the coming year.

13. There has been an increase in the number of patients arriving under Certificates of Observation during the past year. One major factor appears to be the shortage of beds. Referring physicians are certifying patients when it is optional in order to increase the chances of their being admitted to our limited beds.

14. Plans have been completed to provide pre-admission screening on all adult general patients from our sector. The Day Care program will be centralized as well.

15. Revised standards for out-patient charting were formulated and implemented during the past year.

All the changes noted above have been instituted without any increase in the professional staff complement. We are already seeing the advantages of these developments as they are in keeping with modern psychiatric practice and limit our in-patient admissions to only the most essential — the remainder being treated as out-patients.

The Continuing Education Program, co-ordinated by that department, has been expanded and now includes a program for all professional staff, using guest lecturers both from this area and from other academic centres.

This hospital continues to provide staff and other services to the Co-ordinated Education Program, sponsored by the Dartmouth School Board. This educational service provides invaluable assistance, not only to the young people of Dartmouth but also to patients of our Adolescent Service.

As of March 31, 1983 the medical staff consisted of 17 full-time and 2 part-time psychiatrists and 6 general physicians. Other part-time staff consist of 14 consultants covering all major specialties and 3 part-time dentists.

Dr. P. Flynn, from the Dalhousie Department of Psychiatry, continues to provide one session per week in a teaching and consultative capacity. His services have been a major asset in providing a very active Continuing Medical Education Program.

Many members of the medical and psychiatric staff participated in teaching programs. Medical students, interns, and residents in psychiatry and family medicine are trained in the field of psychiatry by the staff of this hospital. A wide variety of clinical material makes this hospital a unique training centre for such groups as well as for undergraduate student nurses from many hospitals of the province, clergymen, law students, university nursing students, and certified nursing assistants from the Dartmouth Regional Vocational School.

To keep pace with new developments in professional fields, a number of our staff have attended special courses given by the

local university and at other centres of teaching in more distant areas. Unfortunately, fiscal restraints are limiting staff training. It is hoped that this is a temporary state, as continuing staff education is essential in providing a high level of patient care.

Six members of our psychiatric staff hold appointments at the Dartmouth General Hospital and provide a major portion of psychiatric coverage at that hospital. The facilities of the Dartmouth Mental Health Centre and out-patient services are also used for that purpose.

Community Services

1. During 1982, Community Services suffered from the absence for several months of Dr. Holland and Patricia Gates due to illness, which greatly affected the continuity and availability of service. In spite of this, figures indicate a continued growth in the number of patient contacts and new registrations.

2. The number of non-sector patients using our system continues to increase, reflecting a growing acceptance and awareness of our services, as well as the success of our program in seeing people referred from the Admitting Department and, hopefully, in preventing admission to hospital. It is hoped that this service can be expanded in the coming year.

3. A reversal in the trends of decreasing patient contacts in other adult services in the hospital perhaps reflects a greater awareness of the concept of continuity of care within the hospital, and use by the Admitting Department of assessments to prevent admission, as well as greater involvements of various units in follow-up of discharged patients in the community.

4. The number of patients seen at the Sackville Clinic remains stable, with a slight decline in patients seen in Sheet Harbour and Musquodoboit Harbour. Visits to the Sheet Harbour Clinic are now done on a two-month basis, as needed, with an eye to cost effectiveness.

5. The Day Hospital continues to grow (Refer to Day Hospital report).

During the year, the Dartmouth Mental Health Centre's role in community education and awareness expanded with the presentation of a series of well-received, full-day stress-management workshops to teachers and Mental Health Day projects to elementary schools in the area. The efforts of Marie Smith, Ellie Shortt, and other staff in presenting these sessions has been so well received that we have had to set limits on the number of sessions provided.

The Clinic continued to provide seminars to the staff of the Cobequid Multi-Service Centre and was instrumental in having a video-recording system installed at the centre for supervision and treating of psychotherapy.

The service continued to provide a one-month rotation in psychiatry to family practice residents, and Dr. Diane MacDonald did a six-month residency in Community Psychiatry at the Clinic. The Clinic is also providing a weekly 1½-hour in-service academic seminar for staff of Community Services and Unit N-4.

New programs include the implementation of standards for out-patient and after-care charts. The Clinic also implemented a program of assessing "walk-in" and non-certified sector patients referred by the Admitting Department as a means of cutting down on non-essential admissions to hospital.

Plans for the coming year include:

1. an increased role in assessment of patients referred for admission during the day-time hours;

2. centralization of Day Care programs;

3. evaluation of programs and setting of new priorities for the next few years.

Day Hospital

The statistics included in this report cover the period from December 18, 1982 to January 6, 1983. For convenience, the statistics from January 15, 1981 to December 18, 1982 are included for comparison.

Overall, both our referral and admission rates declined. However, courtesy service was provided to 4 in-patients and 19 out-patients from April to December 1982. The in-patients were not able to secure accommodation in the city but required the service we offered. Out-patients required short-term emergency treatment and, had they not been serviced by us, would have been admitted to in-patient services. In addition, our average length of stay increased from 29.48 to 38.05 days. Staff feels this is related to a shift in the rate of referral from different sources. In our first year of operation, 42 per cent of admissions were from the in-patient service. Our observation has been that the patients requiring assistance in their transition to the community are past the acute phase of their breakdowns, while patients referred from the community require more active crisis intervention and assessment.

Staff

The staffing complement remained the same, but a pregnancy leave and an extended sick leave by a full-time staff member placed extra demands on the team.

Education

Once again this year the registered nursing postgraduate students were each provided with a two-week experience in Day Hospital as part of their rotations. In addition, a number of students from several professional training institutes also received exposure to Day Hospital programming and groups.

All team members attended a one-day conference on evaluation of partial hospitalization programs in September 1982. It was interesting to note that at the time we were the only Day Hospital program in the province which included data collection as part of its mandate. One of the team members remains our representative in the metro area on a committee formed at this workshop.

All team members participated in two clinical case conference presentations this year.

Volunteer Services

Day Hospital continues to enjoy the contribution of our volunteer who has assisted the program on a weekly basis for two years now.

Alumni Nights

This is an informal get-together of patients and their families. Patients who have been discharged or are currently attending the program are invited. Team members volunteer their time. This year we held four of these evening socials as well as a very successful Christmas party.

Program

Patients currently receive approximately 2.5 hours of group programs in the morning and 2.5 hours in the afternoon. While the majority of the program content remains the same, small revisions and adjustments are made from time to time based on patient needs.

The program attempts to address a wide range of problems in the area of human relations: interpersonal relationships, assertiveness, problem solving, living in families, and life skills. Staff also attempt to educate patients regarding their mental health, including, for example, leisure counselling, emotional awareness, stress management, and introductory relaxation. In addition, patients are given the basic information regarding diagnosis and medication. Finally, patients are given the opportunity to explore and experiment within a group setting which enables them to receive feedback and modify their behavior.

On Wednesday afternoons, patients are encouraged to take care of appointments and obligations in the community. At that time the Day Hospital facility is available for use by out-patients for their coffee party.

Future Plans

Staff would very much like to expand the current data collection procedure. We feel the need to obtain information regarding our overall effectiveness and the relevance of current program content. A research proposal has been drafted; however, the demands to provide direct clinical service currently prevent its completion. Staff have also drafted a brochure which awaits approval prior to its distribution to community service agencies, general practitioners, and psychiatrists.

Staff plan to be active participants in the 125th Anniversary celebrations with a display in the Day Hospital and a booth at the lawn bazaar.

TABLE 3: DAY HOSPITAL PATIENT STATISTICS

		01/15/81-12/18/82		12/19/82-01/06/83	
		#	%	#	%
Total number of referrals		153		129	
Total number of admissions		108	71	89	69
Total number of re-admissions		8	7	3	3
Age:					
Mean	34.19				
Range	18-62				
Standard Deviation	10.69				
Length of Stay (Days):					
Mean	38.03				
Range	3-104				
Standard Deviation	22.2				
Sex:					
Male		43	40	34	38
Female		65	60	55	62
Status:					
Married		48	44	37	42
Single		39	36	29	33
Separated		12	11	11	12
Divorced		7	7	9	10
Widowed		2	2	3	3
Residential Area:					
Dartmouth/Lawrencetown		68	63	60	67
Bedford/Sackville		16	15	6	7
Lake Echo/Porter's Lake		9	8	3	3
Halifax		8	8	7	8
Shearwater/Eastern Passage		5	5	5	6
Cape Breton/Amherst		2	2	3	3
Truro/Musquodoboit		—	—	5	6

TABLE 3 (Continued)

Primary Diagnosis:				
Depression	35	33	26	29
Personality Disorder	23	21	24	27
Schizophreniform Disorder	21	20	14	16
Bipolar Affective Disorder	8	7	6	7
Psychosis	7	6	6	7
Situational Disturbance	6	6	5	5
Other	8	7	8	9
Referral Source:				
In-patient	46	42	27	31
D.M.H.C./OPD	37	34	43	48
Private practice	13	12	10	11
Area hospitals	5	5	2	2
Other	4	4	6	7
N.S.H. Day Care	2	2	0	0
G.P.	1	1	1	1
Discharge Plans:				
D.M.H.C./OPD	51(15)*	47	47 (1)	53
None	15	14	12	13
Hospitalized	14	13	13	15
G.P.	11 (5)	10	6 (7)	7
Private Practice	11	10	8 (2)	9
Other	6(13)	6	3 (3)	3

*Numbers in brackets represent secondary follow-up plans.

Children's Services

There have been no great changes this year. It has not been necessary to re-open the A wing as a bed unit, but it has continued to be a most valuable area for activities included in the treatment program. The other two wings have been very busy most of the year.

The ratio of metro patients to non-metro has remained at 2:1 for assessments and 4:1 for admissions. This is thought to reflect the need for more expertise in child psychiatry in non-metro districts. Some children are referred for an opinion only, others because of some lack of appreciation of just what a residential treatment program can do. Of all the children admitted this year, only one was female.

Diagnoses

Conduct Disorder	13	In addition there were 5	
Attention Disorder	5	children with additional	
Adjustment Disorder	4	diagnoses:	
Truancy	1	Learning Disability	4
Overanxious Disorder	1	Mild Retardation	1
School Phobia	1		
	25		

The preponderance of children with Conduct Disorders continues. This is often the result of a long series of failed attempts at out-patient treatment, combined with what are essentially the effects of social pathology. It might be argued that such children are not suitably treated in a facility such as this, but there are not yet any good alternatives in the communities from which the children come. In addition, some of the children admitted do really benefit from our program, and it is hard to predict which will, and which will not. It is puzzling though why more children with more obvious psychiatric disability are not referred. The facilities for them in their communities are presumably no better.

The mean age is 10.6 years (Standard Deviation 2.8). Thus a wide age range is catered for. The loading at the upper end shows a trend towards an older child with conduct disorder, who is too immature for the Adolescent Unit.

Length of Stay

The average length of stay for the 23 children discharged during the period 1982/83 was 259 days (Standard Deviation 273 days). The average was raised mainly by four patients. Two of these were placement problems: one was needing an extra stay for treatment purposes, and one was returning to an unsuitable home environment. Once again, social considerations add to the cost and reduce the efficiency of the program.

Day Care

There were four children as day patients. It is interesting to note that although, as is our practice, all had been in-patients on the unit immediately before entering the Day Program, all four had to be re-admitted as in-patients later. It does seem true that our present population, which consists largely of children with behavior disorders, needs the whole program, and that the break between home and hospital is too hard to bridge. The Day Program is still a useful option prior to discharge, but does not work for children with any degree of pathology and is not successful unless there has been a prior period of in-patient treatment here.

Outside Contacts

Several members of the Children's Services staff maintain good professional contacts with other agencies outside the hospital, and this is leading to a better understanding of what the community expects of us and we of them. Particularly important has been the contact with the study being undertaken by Dr. Barkow into the mental health needs of the children of the province, and we look forward to some implementation of its findings. Increased liaison with the Family Court staff, social agencies, and the schools from which the children are often referred has been noticeable this year, and with beneficial effects.

Adolescent Services

Dr. Ahmad returned to this position as Psychiatrist/Director on July 1, 1982.

In the past year, the program of treatment has offered more group and family therapy, as well as individual therapy and

counselling, along with physical modes of treatment. Community agencies have improved their involvement through attending team conferences. Our referrals are from many parts of the province and come from psychiatrists, general practitioners, schools, social service departments, Family and Children's Services, Children's Aid Societies, courts, parents, Child Guidance Centres, and other facilities.

As in the past, we screen all referrals and those not admitted are provided with alternative plans for care. Three to five patients are examined per week in our assessment clinic. As in the Children's Services, a high proportion of admissions are Conduct Disorders.

The treatment program currently consists of individual psychotherapy, behavior modification programs, socialization, and recreational activities, as well as group therapies which include family therapy, life planning group, social skills, and problems of adolescence group.

A school program is mandatory below the age of 16 years and is available to selected individuals over that age. This program is provided both within the hospital and in selected schools in the community.

Statistics

Patients assessed from outside hospital	86
Patients assessed from within hospital	38
Total assessments:	124

Admissions to Princess Alexandra Unit: in-patients	94
Admissions to Princess Alexandra Unit: Day Care	7
Transfers from other units	7
Discharges from Princess Alexandra Unit	69
Out-patient visits at Marshall Treatment Centre	80

Average length of stay — 95 days.

Psycho-geriatric Service

During the past year, 126 patients were admitted to and treated by this service.

An analysis of statistics on discharged patients yielded the following results:

1. Origin of Referral and Eventual Placement

Admitted from	Number	% of Total	Discharged to	Number	% of Total
Own or relative's home	43	(37.1)	Own or relative's home	30	(25.9)
Home for Special Care	41	(35.3)	Home for Special Care	49	(42.2)
Domiciliary Care (DVA)	1	(0.9)	Domiciliary Care (DVA)	3	(2.6)
General hospital	25	(21.5)	General hospital	12	(10.3)
Regional Rehab. Centres	3	(2.6)	Regional Rehab. Centres	16	(13.8)
			Adult Residential Centres	3	(2.6)
Boarding home (unlicensed)	3	(2.6)	Boarding home (unlicensed)	2	(1.7)
			Died	1	(0.9)
Total:	116	100%	Total:	116	100%

2. Age Distribution

Age	Number	% of Total
45-54	2	1.7
55-64	12	10.3
65-74	50	43.2
75 +	52	44.8
		100

3. Average Length of Stay 89 days

4. Psychiatric Diagnoses (multiple diagnoses applied in several cases)

1. Senile and presenile organic psychosis	71
2. Psychosis due to Chronic Alcoholism	15
3. Acute toxic confusional state	8
4. Affective Psychoses	14
5. Other depressions	16
6. Paranoid Psychosis	2
7. Schizophrenic disorders	7
8. Personality Disorders	7
9. Benign senescent forgetfulness	3
10. Alcohol Dependence Syndrome	3
11. Neuroses	12
12. Other	11

Treatment on the service has been primarily medicinal. However, increased emphasis on psycho-social programming has led to the expansion of existing programs and the introduction of group and recreational therapies. While reality orientation continues to be the major therapeutic approach employed by all staff, its principles have been applied in remotivation and reminiscence groups recently initiated. Patients have been exposed to a wide range of recreational and diversional activities, including daily exercises.

Continuing education in the field of geriatric mental health has received high priority with regular monthly in-service sessions conducted by various members of the treatment team.

Family counselling has continued to be provided by the unit psychiatrist and social worker. A guide to the services provided on the unit has been drafted and should be ready for distribution to patients' relatives within the near future.

In January 1983 a research project was initiated on the service, utilizing the Stockton Geriatric Rating Scale to measure patients' levels of impairment at various stages during hospitalization and after discharge. The purpose of this study is aimed at evaluating the effectiveness of current programs on the service. Also, it is hypothesized that the results would reflect variation in clinical manifestation and progression of disease processes, primarily Alzheimer's Disease.

During the year, the unit psychiatrist has been instrumental in the formation of a local chapter of the Alzheimer Society. This is a national voluntary health organization providing support and education for patients and families, as well as initiating research into the disease.

The psycho-geriatric clinical team consists of: Dr. N. Allison, Director; Dr. H. Ruparelia, medical doctor; Mrs. M. Mombourquette, Head Nurse, and Mrs. P. Taylor, social worker.

Forensic Service

The Forensic Service continues to provide a comprehensive range of forensic services for the Province of Nova Scotia.

Admissions

There were a total of 116 admissions to the Forensic Unit broken down as follows:

1. Remands: The total number of remands was 105. Ninety-four of these were considered fit to stand trial at the end of the observation period; 9 were found unfit; 2 are still in hospital, their fitness status not yet determined.

2. Lieutenant Governor's Warrants: There were seven new Lieutenant Governor's Warrants admitted during the period. Of these, four were placed on Warrant because the court found them unfit to stand trial, and three because of acquittal by reason of insanity. Of these seven admissions, two were treated, restored to fitness, and returned to court.

   Of the six old Lieutenant Governor's Warrants remaining on the unit as of March 31, 1982, the status of three has remained unchanged. In one case the Warrant was lifted and the patient discharged. In another case the Conditional Warrant was removed and the patient was discharged. A third patient was released to Halifax County Regional Rehabilitation Centre on a Conditional Warrant.

   On March 31, 1983, there were a total of eight Lieutenant Governor's Warrants on the Forensic Unit.

3. Commissioner of Penitentiaries Warrants: None.

4. Certified from correctional centres: None.

5. Voluntary admissions: None.

6. Inter-ward transfers: There were no transfers from other units to the Forensic Unit except for two Lieutenant Governor's Warrants who were transferred to N-3 for a behavior treatment program and after its completion were returned to the Forensic Unit.

Therapeutic Programs

Therapeutic community groups have continued on a twice-weekly basis. The regular intramural programs such as movies and bingo have continued on the unit, but there have been no occupational or recreational programs.

Staff Development and In-service Education Programs

We have continued the in-service seminars for the Forensic Service on a sporadic basis. One psychiatric resident spent one month on the Forensic Service.

Educational and Consultation Services to Community Agencies and Institutions

The Director participated in several workshops and other educational activities including the following:

1. Chairman of the Forensic Services Committee of the Metropolitan Mental Health Planning Board;
2. Board of Directors of the Interim Advisory Board, Atlantic Institute of Criminology;
3. attended the 8th International Congress of Law and Psychiatry at Quebec City;
4. attended the American Academy of Psychiatry and the Law Annual Meeting at New York, New York;
5. participated in a Symposium on Law and Psychiatry organized by Centracare, Saint John, New Brunswick;
6. Chairman of the Nova Scotia Psychiatric Association's Legislative Committee;

7. attended a workshop for the Atlantic Regional Parole Board;
8. addressed a group of Correctional Officers at a workshop held at the Springhill Institution. The topic of discussion was "Assessment of Dangerousness."

Publications

The *Nova Scotia Forensic Psychiatric Bulletin* which had suspended publication in 1979 resumed its operations in January 1983.

Adult General Services

The eight Adult General Units, with a total of 234 beds, operated at well above capacity for another year, straining the reserves of staff and interfering with the provision of a high level of patient care. No staff changes occurred on these services. Dr. Diane MacDonald, a senior resident in psychiatry, was assigned to Unit S1 for a six-month period.

The therapeutic programs have been further refined, giving special emphasis to early discharge, better utilization of community services, and other after-care programs. A number of inpatients were referred to the Day Hospital as an intermediate level of care prior to returning full time to the community.

Services for the Mentally Retarded

This program, which was initiated in March 1976, has been expanded further to include closer liaison with community services.

During the past year, there were two admissions and one discharge. Both numbers are low because of the shortage of community placements and, therefore, the inability to admit to an already full unit.

Efforts will be redoubled in the coming year to solve the placement problems through further meetings of the Department of Social Services.

The team of this unit has carried out assessment of patients referred from various parts of the province, and, in most instances, admissions were averted. A day care program is provided as well and was utilized by four patients during the past year. The existing programs have been developed on behavior modification lines with participation of DASC Industries and other community resources.

We are grateful for the regular and valuable assistance received from the hospital's volunteers and the Canadian Association for the Mentally Retarded. The patients of this unit spent a period of time at the hospital camp this summer, and this endeavor was highly successful.

Department of General Medicine and Specialties Other than Psychiatry

The general medical care of patients at the Nova Scotia Hospital is provided by six full-time physicians with assistance, on occasion, by an intern from the Dalhousie University Medical School program. In addition, nine specialists provide consultation services on request.

This staff provide service to a 12-bed Infirmary Unit where 193 patients were treated with an average length of stay of 16.3 days.

The following examinations were carried out by the consultants:

General Surgery	374
Internal Medicine	144
ENT	35
Ophthalmology	190
Gynecology	54
Neurology	162

Admitting Department

The current fiscal year has been a busy one with a total of 2,158 in-patient admissions.

Admission statistical data are as follows:

Year	Voluntary patients	Certified patients	Remand & warrants
1980	1,058	944	116
1981	1,015	1,044	120
1982	853	1,159	119

The statistics indicate an increase in the proportion of certified patients which is contrary to what was expected when the mental health legislation was introduced in 1979. The chief cause of this is the continuing shortage of beds. Referring physicians are certifying patients whenever possible in order to increase the chance of their being admitted to a limited number of beds.

The major problem in the Admitting Department has been trying to find beds for the referred patients. A screening program has found alternate placement for approximately 190 patients. We will be expanding our screening methods further in the coming year.

Emergency admissions are made at any time. Despite overcrowding, most elective patients are admitted within three days. Screening in doubtful cases is carried out with the assistance of the in-patient treatment teams and the psychiatric staff in the Dartmouth General Hospital.

Occupational Health Department

The Staff Health Program was merged and expanded into Occupational Health Services during the past year. It has been relocated to the Nurses' Residence and into expanded facilities. In addition to its usual services of pre-employment examinations, tuberculosis testing, immunizations, emergency, and other

types of medical care for staff who become ill or injured on duty, this department now offers an Employee Assistance Program. Promotional programs and displays were held for Lungs Are for Life Week and Non Smoking Week and on the topics of fire and health education. There was also a workshop given on the Employee Assistance Program.

A breakdown of services provided by the department is as follows:

Visits to Occupational Health	2,500
Medical services provided	1,250
Medical investigations	626
Immunizations	169
Tuberculosis testing	20
Referrals to Employee Assistance Program	5

Dental Services

Three part-time dentists conducted seven sessions per week. One full-time dental assistant and a full-time dental hygienist comprise the staff of this Department.

The total of 1,184 dental services performed included surgical and restorative procedures, endodontics, prosthodontics, and periodontics. In addition, a preventive program in dental education was carried out, with 3,923 dental hygienist services provided.

X-Ray Department (See Statistics)

Electroencephalograph Department (See Statistics)

Electrocardiograph Department (See Statistics)

Laboratory (See Statistics)